

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 1009294	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17	1						67					
18							68					
19							69					
20							70					
21							71	6				
22							72	6				
23							73	6				
24							74	6				
25							75	6				
26							76	6				
27							77	6				
28							78	6				
29							79	6				
30							80	6				
31							81	6				
32							82	6				
33							83	6				
34							84	6				
35							85	6				
36							86	6				
37							87	6				
38							88	6				
39							89	6				
40							90	6				
41							91	6				
42							92	6				
43							93	6				
44							94	6				
45							95	6				
46							96	6				
47							97	6				
48							98	6				
49							99	6				
50							100	6				
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	75	↔	↔	↔	↔		TOTAL DEP.	↔	↔	↔	↔	
TOTAL CLAIMS	76	████████	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████	████████	

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/009,294	FILING DATE 01/20/98					
						APPLICANT(S) Mills						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101		6					151	1				
102		6					152	1				
103		6					153	1				
104		6					154	1				
105		6					155	1				
106		6					156	1				
107		6					157	1				
108		6					158	1				
109		6					159	1				
110		6					160	1				
111		6					161	1				
112		6					162	1				
113		6					163	1				
114		6					164	1				
115		6					165	1				
116		6					166	1				
117		6					167	1				
118		6					168	1				
119		6					169	1				
120		6					170	1				
121		6					171	1				
122		6					172	1				
123		6					173	1				
124		6					174	1				
125		6					175	1				
126		6					176	1				
127		6					177	1				
128		6					178	1				
129		6					179	1				
130		6					180	1				
131		6					181	1				
132		6					182	1				
133		6					183	1				
134		6					184	1				
135		6					185	1				
136		6					186	1				
137	1						187	1				
138	1						188	1				
139	1						189	1				
140	1						190	1				
141	1						191	1				
142	1						192	1				
143	1						193	2				
144	1						194	2				
145	1						195	2				
146	1						196	2				
147	1						197	2				
148	1						198	1				
149	1						199	1				
150	1						200	1				
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/009,294

APPLICANT(S)

Mills

FILING DATE
01/20/98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1				
202		1				
203		1				
204		1				
205		1				
206		1				
207		1				
208		1				
209		1				
210		1				
211		1				
212		1				
213		1				
214	1					
215	1					
216	1					
217	2					
218	2					
219	2					
220	2					
221	2					
222	2					
223	2					
224	2					
225	2					
226	2					
227	2					
228	2					
229	2					
230	2					
231	2					
232	2					
233	2					
234	2					
235	2					
236	2					
237	2					
238	2					
239	2					
240	2					
241	2					
242	2					
243	2					
244	2					
245	2					
246	2					
247	2					
248	2					
249	2					
250	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
251	2							
252	2							
253	2							
254	2							
255	0							
256	0							
257	0							
258	0							
259	0							
260	0							
261	0							
262	0							
263	0							
264	0							
265	0							
266	0							
267	0							
268	0							
269	0							
270	0							
271	0							
272	0							
273	0							
274	2							
275	2							
276	2							
277	2							
278	2							
279	2							
280	2							
281	2							
282	2							
283	2							
284	0							
285	0							
286	0							
287	2							
288	2							
289	2							
290	2							
291	2							
292	2							
293	2							
294	2							
295	2							
296	1							
297	1							
298	1							
299	1							
300								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								